

Title: Integrating County Departments with Community-Based Providers to Reach HIV Positive Women in the Jails

Organization: Los Angeles County Health Department

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Topical Issues of Focus: Successful collaborations between programs to prevent perinatal HIV

Background/Objectives

There are limited data on the number of HIV positive female inmates who are pregnant and/or of childbearing age and their access to perinatal prevention of HIV transmission while they are incarcerated, or after they are released into the community. The objective of this promising practice was to: 1) identify HIV positive female inmates who are pregnant and/or of childbearing age (18–49) in the jails; 2) develop effective collaboration among four key departments within the Los Angeles County system and one community-based organization; and 3) integrate existing prevention of perinatal HIV transmission efforts to address service gaps, avoid duplication of effort and link pre-released female inmates to a continuum of care upon their release into the community.

Methods

During the local Perinatal HIV Learning Cluster team meetings, an integrated surveillance, prevention and training approach was developed and implemented to address the unmet needs of pre/post incarcerated women for perinatal prevention of HIV in the jails. The key partners involved in this systems integration strategy included four Los Angeles County departments to include, the Office of AIDS Programs & Policy (OAPP), Pediatric Spectrum of Disease (PSD), Maternal Child and Adolescent Health (MCAH) and Sheriffs' Department (LACSD), as well as an OAPP funded community-based organization focusing on women in the jails. Program success was achieved by measuring the number of HIV positive female inmates who were pregnant and/or of childbearing age who were identified and provided perinatal prevention of HIV transmission during transitional case management services. Existing data were consolidated from PSD surveillance and OAPP's IMACS (Information Management for AIDS Cases & Services) transitional case management activities to identify the intended population in the jails.

Results

We report results using basic descriptive statistical analysis of a sample of HIV positive female inmates (n=34) in the jails from March 2002 to April 2003. More than 60% of the women were African American (38%) and Latino (26%) followed by Whites (32%). All of the women were of childbearing age, between 25-47 years of age. Of these, one woman gave birth during incarceration. Most of the women were arrested for

possession of controlled substance (i.e., subject to regulation) (41%) followed by prostitution (18%), assault with a deadly weapon (12%), and violation related to their parole or court appearance requirements (15%). Eighty-five percent received a prerelease plan in the past 3-5 months to obtain transitional case management, transportation, housing, medical care, and mental health. Prenatal care or information about HIV perinatal transmission was not included as an element of this plan. Only 6% of the women received their HIV medications at their discharge from the jail, which is partly due to women being lost to follow-up (29%), being transferred to another correctional facility (26%), or still being case managed at prerelease (23%). However, 21% of the women were transferred to a permanent community case manager. These results were used to train OAPP providers and medical staff in the jails to disseminate prevention information from our “Loving Responsibly” social marketing, which seeks to increase HIV perinatal testing, campaign for and improve client follow-up during pre/post release case management efforts.

Conclusions

The program met its objectives by successfully identifying HIV positive female inmates, a hard-to-reach population, who are pregnant or of childbearing age, and in need of perinatal prevention of HIV transmission. We were able to integrate surveillance, prevention, case management and correctional systems to assure inmates obtained perinatal prevention of HIV transmission education and related services. The program has been successful in training providers to include prenatal prevention of HIV transmission education into their transitional case management services. However, there is a need for more training among providers about perinatal prevention of HIV transmission to increase health outcomes and avoid recidivism in the jails. As a result, we planned for future prenatal prevention of HIV transmission training to be focused on providers in jails as well as better case finding and follow-up. Integrating surveillance and evaluation with service planning and project monitoring has been our greatest challenge, which has been overcome by sharing data collection efforts and training providers during evaluation activities.